

CARDIAC ARRHYTHMIAS

ARE PHYSICIANS LESS LIKELY TO OFFER AN IMPLANTABLE CARDIOVERTER DEFIBRILLATOR TO WOMEN, RACIAL MINORITIES, AND OLDER PATIENTS?

ACC Poster Contributions
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Authors: *Sana M. Al-Khatib, Gillian D. Sanders, Daniel D. Matlock, Sean O'Brien, Louise Zimmer, Fred A. Masoudi, Eric D. Peterson, Duke Clinical Research Institute, Durham, NC, University of Colorado, Denver, CO*

Background: Factors responsible for gender and racial disparities in ICD use are poorly understood. We sought to determine if physicians are less likely to offer an ICD to women, racial minorities, and older patients.

Methods: We surveyed a random sample (n=10,080) of active members of the American College of Cardiology who are also practicing physicians in the United States about ICD therapy. Three clinical scenarios were presented: scenario 1 in which the ICD is recommended (Class I), scenario 2 in which the ICD is not recommended (Class III), and scenario 3 in which the ICD recommendation is uncertain (Class IIa). We randomly varied the gender, race and age of the patient for the different respondents.

Results: Respondents (1210, 12%) were similar to non-respondents in their demographics, specialty distribution and certification. The majority of respondents (88%) were non-electrophysiologists, 88% were men, 76% were white, and 68% had not implanted an ICD within the past 12 months. Data on whether or not a respondent would recommend an ICD for the different clinical scenarios are presented in the table.

Conclusion: Based on their responses to our survey, physicians are not less likely to offer an ICD to women or racial minorities. Although they are significantly less likely to offer an ICD to older patients, the significance of this finding is uncertain due to the paucity of data on the efficacy and safety of ICD therapy in such patients.

Scenario and Guideline Recommendation	White vs. Black	P value	Male vs. Female	P value	Age 50 vs. Age 80	P value
Scenario 1: Recommend an ICD	81.2% vs. 81.7%	0.56	81.5% vs. 81.5%	0.42	91.6% vs. 71.5%	< 0.01
Scenario 2: Do not recommend an ICD	97.7% vs. 97.6%	0.75	97.5% vs. 97.9%	0.89	97.5% vs. 97.9%	0.56
Scenario 3: Recommend an ICD	56.9% vs. 61.2%	0.58	59.2% vs. 58.9%	0.79	70.5% vs. 48.1%	< 0.01